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FOREWORD

To the graduates from the University of British Columbia and from other Universities who are assisting in the Public Health programme which is being carried out here and there in the larger centres of population throughout this Province, the message which I send is one of congratulations upon your accomplishment and the sincere wish that you may have an ever increasing fund of courage and of pertinacity to continue your good work.

Uppermost in my mind as I try to visualize each nurse at work in her district is the thought of the extreme youth of the majority of the group. Suddenly throughout the world there was created a demand for which we were not prepared; as a profession, nursing had failed to sense the meaning of this new era of preventive medicine upon which we had entered, and there were few who were in any way ready to play the new role of health teacher. Even as in the Great War, however, the youth of our profession mobilized to fill the gap, hastily prepared, and with little real leadership from older heads, they have carried on nobly. With a realization of the urgency of the call they submerged youth's natural desires for freedom from responsibility and have successfully carried through the initial stages of the war against disease.

My greatest wish and earnest prayer is that you will ever keep foremost in your mind the realization that the community's interests and needs are of paramount importance, and that, conserving your health and your resources, and building upon your experience of the past few years, you will maintain the high standard which you have yourselves set; there will then be no failure of the people to recognize the fundamental nature of your work and to provide for an extension of this health service to every community.

Mabel F. Gray, R.N.
Assistant Professor of Nursing,
The University of British Columbia,
Vancouver, B.C.

DEPRESSION AND COMMUNITY HEALTH.

In last year's "Bulletin", I wrote on this subject, and now after another year of stress in the economic world, we find ourselves wondering in what way and how much community health will be affected.

The Public Health Nurse, who has the interests of the people's health at heart, is confronted with many new problems. She has had to broaden considerably her field of work by doing those things which, in ordinary circumstances, would not be included. This is undoubtedly a time when she can prove her value as a helper and adviser, and consequently show that there is a great need for a continuance of her work. Thus, even with the trend to reduce every unnecessary expenditure, the Public Health service will stand out as being indispensable.

In Saanich, we are very fortunate in having a health Committee which has not confined itself solely to the financial situation. To have the Committee realize that the health of the people comes first is a decided help, and there has been no question of reducing our staff of a full-time Medical Health Officer, a school dentist

and four nurses. Consequently, our records show no increase in infectious diseases and the school attendance up to its usual high mark. Even among the schools in the poorer districts, the number of underweight children has not increased. In fact, as long as there is a Public Health service in Saanich -- and the same applies to other places -- the health of the people should not be affected to any great extent by this world-wide crisis. Up to the present, this has been proving itself true, and only the worry and strain which accompany financial stress, and which have such undermining effects on the health of the people, have been telling their tale.

Many new problems, which I am sure every Public Health Nurse has been trying to solve, have arisen. A large number of defects and deviations from health, which would be attended to in prosperity, are now neglected. Many of the unemployed men and women are suffering from badly decayed teeth and uncorrected defects of vision. Thus the foundation of ill-health, invalidism and a subsequent dependence on society is being laid. Wherever the School Medical and Dental services are maintained, however, the men and women of tomorrow will not be subject to the disabling conditions from which their parents suffer today.

It is fortunate that, with the depression, welfare societies, social bureaus and relief organizations have developed more extensively. Even in prosperity, a large number of families are on the border-line, and it is often difficult to obtain much needed aid for them, as people are then less inclined to be charitable. But now the Nurse, with the help of public funds, is able to attend to many needs which otherwise would be neglected. The relief system in Saanich allows an extra day of work once a month to enable families with children or expectant mothers to buy fresh milk. This is not given unless a slip is signed and renewed each month by one of the Nurses. A good deal of time is taken to do this, but the Nurse has the advantage of making many contacts in her investigations. Consequently, the number of prenatals and the number of visits to them has been steadily increasing for the past three years. At present, we have the largest number of prenatals which has ever been on our records.

Again, the people can be instructed in the essentials and non-essentials of diet and taught that simple, cheaper foods are even better than the more elaborate and expensive ones. The Public Health Nurse in her home visits has excellent opportunities to teach and establish these and other ideas, the value of which many families have not had to realize before. The necessity of having to accept these ideas makes the work easier for the Nurse. She can also be most useful in showing how the family budget should be arranged and how economy can be practised without any harmful but rather beneficial effects to health. In fact, when the family income is low, getting back to a simpler way of living is imperative and the people are in consequence benefitted by this knowledge.

Due to financial stress, families do not call a physician unless, in their opinion, there is an absolute need for him. The chance of a more speedy recovery is thus lessened, and future trouble is apt to be stored up. In many cases where the doctor is called, it is most unfair to him as his bill cannot be paid. Besides, the patient will hesitate before calling him again when there is that barrier of an unpaid bill. As the health of the people is a national concern, and there is no greater asset than a healthy population, it would be well if the government could provide means whereby adequate and efficient medical aid would be available to the people at large. Lack of this provision, especially at this time, contributes largely to the neglect of the health question. For example, grocers and other merchants are paid promptly in most cases, while doctors and dentists, who are subject to the same expenses, are often the last to be remembered.

Thus the present national crisis brings into bold relief as never before, the urgent need for some adequate plan of national health insurance to solve once and for all the burdens which are now borne by hospitals, municipal governments and the individuals who are the least able to pay for medical services.

The crisis has made apparent also that it is high time to deal with that class which is providing an ever increasing problem, namely, the mentally defective. It is indeed gratifying to see that this Province has taken the initial step and we hope that, in the future, more attention will be paid to this field.

One of the most serious conditions which the present crisis is bringing forth is a nervous instability and breaking down of the moral fibre of the people. This worry and uncertainty is gradually undermining their health, and unless there is an improvement in the economic world, serious consequences may result. Any change for the better would be quickly reflected in the general health of the population.

MYRTLE E. HARVEY, R.N.,
Saanich Health Centre.

IMMUNIZATION.

'To immunize or not to immunize, that is the question; whether it were better to prevent the dread diseases or to await until the dire plagues are among us and we have to fight them with insufficient weapons, and have many fallen !!!'

The prevention of preventable diseases takes two forms. First, the detection of patients with the malady, and their isolation; the following up and supervision of all contacts, which may be very imperfect through the lack of understanding and cooperation of the patients and their families. The other method is the giving of the preventive solutions which Medical science has made available for public use.

The application of either of these practices depends a very great deal upon the attitude toward them of the public concerned, and especially of those in authority, who can grant or withhold the financial aid necessary.

Immunization in this district was greatly aided by the incidence of severe Smallpox in Vancouver 1932. Upon my suggestion to the School Board that it would be an opportune time to have Vaccination clinics, they appointed a Health Officer for the town itself, with the result that 89% of the non-vaccinated were treated at clinics held in the schools for the pupils. Practically all who received the treatment had a "take" with no bad results. I then asked if the smaller schools in the district could have the same privilege. It was granted and received the same response and results.

In May 1932, two months after the above clinics, there were three cases of Diphtheria and two carriers discovered in the town. The first of June 'Toxoid' clinics were organized by the Health Officer and myself. The parents were sent "Prevention of Diphtheria" pamphlets, which were supplied by the Health Department in Victoria, with mimeographed notices of the clinics, stating that there was no charge, (as the Health Department supplied the Toxoid and the Doctor presided as Health Officer), also naming the time and place and explaining the number of doses necessary.

They were asked to sign and return the slip to the school if they wished the children to receive the treatments. No child was treated without the parent's or guardian's signature. 63% availed themselves of the opportunity, none having any but a normal reaction, which being very slight, caused no discomfort. The clinics were held in a classroom at 2 to 4 pm. There was splendid cooperation of the teaching staff.

At the beginning of the fall term we held further Toxoid clinics for pre-school children, receiving-class and any others who had not been 'done' previously, that then wished to be. There was a good response, 110 attending for the treatments with like results. These clinics were also held in a class-room, the parents bringing their little children. The homes were circularized as before through the pupils and the local newspaper.

In addition to the cases of Diphtheria occurring in May there had been cases previously, but there have been no cases since the giving of the 'Toxoid'.

The first of next month we are having a clinic at a three-room school, organized by the Parent-Teachers Association, the Health Officer, and me. 45% of the children are to be treated, the handicap there being partly that the parents are asked to pay 75¢ per child. The Health Officer in that district has a large area and small pay. But of course 46 more children protected for life from the ravages of Diphtheria, as well as the check they will be to the spread of the disease, is a step forward toward the goal that all should reach eventually.

There seems to be a growing demand for and an interest in Immunization in different quarters, which I feel sure would be stronger and more persistent granted the where-with-all to carry it out. Of course there are always some prejudiced persons such as have flourished since the discovery of serums. One finds them in the most surprising places, but "seein' is believin'", as a mother said whose one child, Samuel, an Aunt had signed for the first clinic, "Sammy seems to be alright, you may do Gertie".

MARY E. GRIERSON, R.N.,
Port Haney, and Mission City

THE IMPORTANCE OF "FOLLOW-UP"

IN ALL CASES OF VACCINATION AGAINST SMALLPOX.

In two previous papers on Smallpox vaccination, as conducted at the University Health Service, we tried to outline our experiences and impressions as they occurred. In the first paper we attempted to convey our astonishment as the first hundred unvaccinated, now presenting themselves for vaccination - unfolded their reasons for the omission. In the second paper we attempted to describe the volubility of certain youthful anti-vaccinationists. No very drastic or new charges were made and, with one exception, nothing very arresting. This student, however, made the statement that all people submitting themselves to vaccination were insane.

To compare modern anti's with those of Jenner's time is to realize lack of

originality in the modern specimen of the species. (a) One writer of the ancient group added to a treatise, chapters upon "Modes of treating the Beastly new disease produced from Cow-pox" and wrote: "Smallpox is a visitation from God, but the cow-pox is produced by presumptuous man". Another anti maintained that vaccination had been discontinued in one part of the country because those inoculated "bellowed like bulls," while another quoted a lady saying that "since her daughter was inoculated she coughed like a cow, and has grown hair all over her body."

In this paper, we are concerned with the failure of the vaccine virus to react on some two dozen persons out of one hundred and twenty, with no history of previous vaccination or Smallpox, although the vaccination was repeated three times over in eleven of those concerned.

"(b) When potent vaccine virus is applied to the derma, irrespective of the method used for penetrating the epidermis, a reaction WILL take place, reaching a maximum which may be observed in from 1 to 14 days, depending on the degree of immunity of the subject. ABSENCE OF THIS REACTION INDICATES THAT THE VIRUS IS INCAPABLE OF PROTECTING AGAINST SMALLPOX, AND NOT THAT THE SUBJECT IS IMMUNE.

If the subject has never been immunized by smallpox or by previous vaccination, the reaction WILL manifest itself as a primary vaccinia - a papule appears at the inoculation site on the third or fourth day following vaccination, this becomes vesiculated on the next day being surrounded by a narrow red areola. This vesicle increases in diameter until the 9th day when the maximum is reached. If the subject retains some degree of immunity, either through previous vaccination or an attack of Smallpox, the reaction will be accelerated in development, shortened in time, and decreased in severity. The papule will appear earlier, the vesicle will be smaller, the area will be less extensive at the maximum of reaction, which may occur any time from the fourth to the eighth day. This reaction is called a vaccinoid (accelerated reaction, or secondary vaccinia.) FAILURE TO GET A REACTION INDICATES IMPOTENT VACCINE VIRUS AND VACCINATION SHOULD BE REPEATED WITH A FRESH LOT."

Hitherto, failure of vaccine virus to produce one of the reactions outlined, has meant faulty technique or impotent vaccine. According to a Brochure issued by the Provincial Board of Health the same two reasons are given for this non-reaction. Embodied in a report on vaccination by the Ministry of Health, London (c) is the following: "It is a simple matter to secure 100 per cent. insertion success, given potent lymph and proper technique." In our experience there are exceptions to this rule, we have found that faultless technique and the most potent of potent vaccine virus fails to produce any kind of reaction in certain individuals although repeated three times at two week intervals - and think this point worth stressing, as many vaccination certificates reach us with a diagnosis of "Insusceptible"; this may mean insusceptible to smallpox, or, the vaccine virus; in any case it gives a false sense of security to the individual and his friends, and we have proof in plenty that such persons are not in fact immune to smallpox. In a report issued by the United States Public Health Service (d), we find that out of 1,314 cases of smallpox in California,

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(b) Essentials of Smallpox Vaccination - James P. Leake and John N. Force, U.S.A. Public Health Service.

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1,223 had been at some time unsuccessfully vaccinated - see Table 1, showing the record of four States.

Among the 1,000 cases under survey at the University Health Service, 197 had never previously been successfully vaccinated. Of this group 101 responded with excellent reaction; the remaining 96 showed no reaction whatever. 71 cases consented to revaccination with 41 takes and 21 showing no reaction - of 11 cases accepting vaccination the third time no reaction occurred - the ages range from 6 to 30 years of age, - See Table 2.

Table 1.

State	Smpx Cases	Unsuccessful Vaccination
California	1,314	1,223
Florida	525	222
Kansas	1,798	766
Massachusetts	7	6

Table 2.

Vaccination	Vaccinated within twenty years	Vaccinated within ten years	Never success-fully vaccinated		Of these revaccinated twice		Revaccinated three times	
			197		71		14	
			Takes	No reaction	Results	Results	Results	Results
1,000	Partial Takes 135	Immune reaction 668	101	96	Takes 41	No re-action 26	Takes 3	No re-action 11

If the above outline is clear it will be seen that certain individuals do not respond to the insertion of potent vaccine virus, irrespective of skilled technique. It is known such people are not immune from smallpox. In our survey, necessarily limited, we can only report 11 such cases - but know of many others. We are fairly certain that a strict "follow-up" of all vaccinated persons would reveal a surprising number of non-reactionists, and would like to see the word 'WILL' as used in Par. 4 and 5, substituted for the word 'MAY'. We are impressed by the lack of simplicity in securing a reaction, as given in the Report of the Ministry of Health, Par. 6, of this paper.

C. A. LUCAS, R.N.,
University of British Columbia,
Vancouver,

PIONEERING IN THE PEACE.

I suppose, that as a rule, pioneering, if undertaken in the right spirit, will always bring out the best in people. It tends to foster such virtues as courage, endurance, ingenuity and perseverance, and a dogged determination to "win out". And I think, that the people among whom I work, are no exception to the rule.

Owing to the world depression, circumstances are much harder for the new settler than in normal times, but I believe that most of them realize how much better

off they are than if living in a city.

A great many of these new settlers, who are now living under most primitive conditions, once owned flourishing farms on the Prairies, from which they were driven by a succession of dry years, and repeated crop failures. Some of them in desperation, just left everything as it stood, shut the door, collected their remaining stock, and set out for a new land. They arrived in covered wagons, having spent many months on the journey. The same covered wagons, with perhaps the addition of a tent, often had to serve as their only home, while they made a clearing in the forest in which to erect their log cabins. Because they had spent their last dollar on the way, their main food supply was often wild meat, and wild berries, when in season, and when ammunition ran out - they would resort to snares.

When times are good, or even moderately good, a Homesteader can, with perseverance and much hard work- soon begin to "feel his feet", and see with satisfaction the results of his labours. But under the present circumstances, the hardships are trebled, even with the help of Government relief, while the immediate future doesn't look very rosy. It takes a person of wide and courageous outlook to refrain from grumblings and pessimism. I am proud to say, that it is often the Homesteader's wife, who chiefly possesses this indomitable spirit, and who refuses to give in, or waste time on self pity. Indeed, the Homesteader's wife usually has little time to waste on anything. Her resourcefulness and ingenuity fills me with admiration. Not only do they manage somehow, to keep their families fed and clothed on the meagre supplies available, but make a brave attempt to make the little home attractive. Nevertheless, housing conditions up here leave very much to be desired, and a terrible overcrowding is the general rule.

Added to the financial depression, which of course is felt everywhere - the long hard winter, with its exceptional heavy snowfall, has made the hardships of these settlers much greater. Thanks to the Canadian Red Cross, the Imperial Order of the Daughters of the Empire, and other organizations, I have had large quantities of warm clothing sent in for distribution, which has been greatly appreciated. Owing to the great distances, the often impassable trails, and the difficulties of the people getting out because of inadequate clothing - the distribution has not been easy.

The great problem up here now, and one which has persisted for some time - is the serious shortage of feed. Large numbers of horses have already starved to death, and unless the snow goes soon, many more will be lost. Inability to feed the milk cow, has resulted in a sadly diminished milk supply, with the consequent ill effect on the children.

Nevertheless, in spite of the hard times, the settlers in this northern part of the Peace Block now have many advantages, unavailable to the settler who came in a few years ago. Then, all sick people needing hospital care had to undergo a long and difficult journey by road and river. Now, a resident doctor, and a well equipped hospital are available to meet the needs of the sick north of the Peace, and serve a very large area.

Another great convenience to the settler is a grist mill, where he may take his grain, and have it converted into flour, bran, shorts, etc., and this without the payment of cash, payment being made by leaving a proportion of the grain. This does away with that long haul to railhead, which was so expensive and difficult.

My work among the settlers, as Public Health Nurse, is very varied and in-

teresting, and the unexpected is always happening. My chief mode of transportation is horseback, and "Major", an ex-police horse, is my staunch friend and ally. My "headquarters" is a small Red Cross Outpost, where when necessary I can take a couple of patients. Since the advent of the Hospital, this has become less necessary, and the advisability of moving the Outpost further north, or to a more isolated part is being considered.

M. CLAXTON, R.N.,
Grand Haven.

"HOW FAR IS IT SAFE FOR A HEALTH ORGANIZATION TO UNDERTAKE RELIEF WORK?"

It is necessary to consider relief work in terms of "safety" in connection with a Health Organization, because public health is still a growing science. In its course of development from the filth and lack of care of the middle ages to the present century, progress has been slow, spurred on at intervals by the vision and work of such men as Jenner and Pasteur who were able to grasp a problem and its significance and apply their solution. The latter part of the 19th and the beginning of the 20th century have seen the growth of modern Public Health from the limitations of mere attention to sanitation to a wider field embracing the individual as well as his environment in order to foster good health and to prevent disease.

It has been proved in the examination of large numbers of people, as during conscription for the World War, that most adults are not in perfect health and that their imperfections are due either to neglect of the fundamental laws of health on their part, or to the effects of conditions present in childhood that were preventable. The constructive programme of public health adopted since the war has been educational in order to avoid as far as possible these imperfections in the growing generation by teaching them the value of good health and how to keep it. To the Public Health Nurse comes the work of carrying the programme into the home, and with this in view her training has included, beside the technique of nursing care, instruction in social and mental hygiene, child welfare and public health. They provide a store of material that will help to meet most situations that may arise and that may be an important point of contact with the family for future work. There must be an element of confidence present before the average adult will accept the theory of prevention and honestly try to live the laws of health with the idea of keeping well. That confidence is almost automatically given to the person who is able to help out in an emergency whether the cause be mental, financial, or because of illness.

In a generalized public health programme where the nurse has at various times to do a little of everything, no situation that may have a future significance is too slight to be considered particularly if it is likely to influence community opinion. However, she must divide her time according to the relative importance of the work to be done, especially its relative future importance, placing the emphasis on the educational side as it affects children, before birth, during infancy, pre-school and school ages.

The popular conception of a nurse is of someone who is trained to care for the sick, to make them comfortable and, if possible, help restore their health. At first the nurse has the same idea about herself; there is a fascination about actual nursing, the satisfaction of being able to make a patient comfortable - and grateful -

that, on the district, leads from one visit to another. Done in this way, bedside nursing in comparison with other branches of district work demands more time than results warrant. A great deal of the nursing care is routine and can be well carried out by a member of the family, once she has been properly instructed by the nurse, who can be on call in case of special need, but is free to do other work. Any case that is too seriously ill to be left in this way requires continual nursing or hospital care.

At this point one comes to the very present problem of care in sickness of people living on relief. A class of people, normally self-supporting, has been rendered dependent because of lack of work and is in need of the necessities of life--food, shelter, and care in sickness. The first two are provided through relief allowances and community help, but the last is a special problem because it requires the services of trained people. Doctors are doing wonderful work, giving time and services, but they cannot carry on alone. Where must they look for nursing help? Presumably the situation is a temporary one. These people are potential earners who will again pay their way when work is available. The established institutions for providing nursing care are best able to give more, now, at less additional cost because they have the facilities already in use, approximately the same running expenses, and an opportunity in the future of getting some return.

To the health organization the question becomes one of policy. Cooperation is everything in carrying on public health work, and any public health nurse gladly puts her shoulder to the wheel to give an extra turn when it will help. She can help out with home nursing within the limits described above without sacrificing time that should be used for other work. One questions whether it is worth eliminating any part of a programme that has been fought for so well and with such good results, to solve a problem that is not permanent, when from a public health viewpoint to do so is a backward step. There are so many more members of a community who are able to nurse than there are those who are fitted to teach public health. It is not that the latter are attempting to avoid more work in the popular sense of the word, but simply that they want to make better use of their time and exert a wider influence over the coming generation, on whom rests the hope of future Public Health.

FYVIE YOUNG, R.N.,
Cowichan Health Centre.

A PUBLICITY CAMPAIGN.

The Public Health Nurse is constantly faced with the desire to do something for her department that will draw more attention to the great piece of work that is being carried out in the Public Health Field. An ideal way of getting to the fore is by means of a publicity campaign. This establishes a new and appealing link in reaching the public and creates among the people a "felt need" for Public Health Service.

The slogan "It pays to advertise" is not confined to business alone. Admitting that it pays in health work, the question arises, "Whom does it pay?" It certainly pays the nurse for it brings her in contact with and gains for her the cooperation of a very much larger number of people. It pays the public because, primarily, it educates the people and secondly it creates new confidences and strengthens old ones.

What do we mean by the term, "Publicity Health Campaign"? It is the serving

of the health ideas to the citizens in a tempting new way, so that one may break up any existing inertia and start a movement toward a higher level of healthfulness. What adult is not influenced by a spectacular and well arranged project and what child can forgo his own curiosity when it comes to seeing or hearing anything new? How well each one will remember such health rules!

The principles involved in a Health Campaign plan are, first--to create a susceptible mood by inspiring each and every individual with health-mindedness. Make it a personal effort as well as a community effort and instil in each mind a sense of pride for district healthfulness; secondly, to portray the educational material in an entertaining manner so that it can readily be absorbed.

HEALTH WEEK: Such a plan was carried out in Chilliwack. Its success was confirmed by the fact that so many organizations co-operated. The means by which Health Week was put over were the following:--

1. Poster displays in windows carrying out specific health ideas.
2. Radio talks over the local station for adults and children.
3. Health articles and write-ups in the local paper.

The store windows were really the show windows for the health display. Every store in town co-operated fully by advertising and displaying some of their own lines in relation to health. For instance Spencers Ltd. had the best window display in town. In the first window they had a huge poster in the background showing that it is necessary to use a handkerchief to protect others from colds, while in the foreground they had children's table and chairs; lamps, umbrellas, etc. decorated or padded with handkerchiefs in a very clever way, to attract the eyes and draw attention to the poster.

In the next window, they had a huge piece of tanned leather in the background with posters illustrating the formation of the foot and the necessity for wearing correct shoes. Grouped in front of this display were different types and sizes of the ideal footwear.

In an adjoining window they displayed an ideal nursery illustrating the correct furnishing and the necessity for regular habits. The latter was portrayed by the use of a clock mounted in the background, surrounded by signs, emphasizing regularity in baby's day.

Play and recreation were predominant in the following window. Different types of children's playthings and sports equipment were attractively and invitingly shown. This demonstrated that play and recreation were valuable in building up a healthy allround life.

In the last window of the department store food held a very important place. Proteins, carbohydrates, fats and oils, vitamins and minerals were all there. The necessity for having the correct proportion in the daily menu was fully illustrated, by linking colorful illustrative posters with the actual food.

Thus Chilliwack's department store co-operated fully in putting on a most successful window health display.

Drugstores, grocery stores, hardware stores, shoe stores, bakery stores, vegetable stores, cafes, etc. united in displaying health projects. Each display was linked up by the presence of a sign in each window donated by the Kinsmen Club, the sign having the slogan "We are co-operating with Chilliwack in her Health Week". Here, a drug store window with an attractive display of Cod Liver Oil giving its value as a food to the body rather than a medicine. There, a hardware store with a huge cardboard lock and key portraying metaphorically the link between play and health "The Key to Health". Across the street, an attractive meal set up in a cafe window. A fresh meal appetizingly cooked and served daily, in the background of which were two huge posters giving the 24-hour correct menu with food values and balance for an adult and a child.

Another effective medium was the local radio station. We were fortunate in securing the air for fifteen minutes daily at the supper hour for educational talks. The latter covered a wide range of health material such as: 1. "The High School Child and Health", given by the Principal of the High School. 2. "The Hygiene of the Mouth", by a local dentist. 3. "Preventive Tuberculosis Work and the Travelling Tuberculosis Clinic", by Dr. A.S. Lamb. 4. "Physical Education and Health", by a local physical education instructress. 5. "Correction of Physical Defects", by a local medical man.

However, the children were not forgotten, a children's programme was broadcasted three times during the week consisting of interesting health stories, a health play and health songs rendered by the children from the district.

The housewife, too, was remembered. A neighborly Martha morning programme revealed the secrets of a balanced diet, the solution of Child's school lunch problem and appetizing ways of appealing to a jaded milk appetite.

This radio propaganda reached an immediate population of ten thousand people.

The local newspaper was instrumental in preparing the way for our health work by giving an explanatory account of the prospective health project. It was followed by narrative descriptions of the complete health campaign. Thus the people were left with a mental picture of Chilliwack's Health Week.

The most searching test of the success of such a project is the amount of interesting comment aroused in the community. Chilliwack is showing more than more curiosity in the work we are attempting, as the result of our Health Week.

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Chilliwack.

COMMUNITY ORGANIZATION IN THE DEVELOPMENT OF A HEALTH UNIT.

"Good-will" and "cooperation" were terms used with almost boring frequency during our courses at University - boring probably because we did not realize at the time that the good-will of the people and their friendly cooperation are the keynote to the success of health work in any community. In order to achieve a sympathetic understanding it is necessary to give honest publicity to the work - not only as the program is started but also to every new stage in its development.

On arriving in Nelson I asked the secretary of the school board to arrange for a special meeting which gave us an opportunity to outline a tentative plan for our work. It was not necessary to "sell" to the board members the idea of "Public Health". They had discussed the subject thoroughly and were prepared to point out little pitfalls along the way. Many of their suggestions have proved helpful.

It was decided that we should confine our activities to school work until we could gather together sufficient data to present to the rural districts. We corresponded with health units in other parts of the province and collected information relating to the cost of health work and the benefits accruing from such work. This information was compiled in mimeographed book forms to be sent to fifteen rural school boards.

While data were being collected we used every opportunity to make contact. During educational week we spoke to parents in three schools on the advantages to be derived from health work in the schools. We had health literature on vaccine, toxoid, diet, sex education, care of the teeth and many other subjects displayed in the medical room. So many parents came to discuss problems that our health literature was gone on the first day.

The editor of the daily paper has cooperated well and has given generous publicity to each step in our work.

Around the first week in December our mimeographed forms were sent to the rural school boards accompanied by letters asking each board to appoint a representative to attend a meeting in Nelson, December 12th, 1932. Because of inclement weather only six of the boards were represented. However, the tone of the meeting was good and every one present was keenly interested in the program which was outlined for them by members of the council, school board, and the health department.

The secretary of our board arranged for seven meetings. Board members from two or three small towns met at a central point in each district and were addressed by the mayor of Nelson; council, school board, and health department members. All board members realized the value of health work in their schools but many of them thought that it would be difficult to finance a health unit even with the aid of a government grant at this time. Each board called a ratepayers' meeting but in several districts the "unit" was voted down so the whole plan was dropped for the time being.

To any one commencing a campaign I would suggest the advisability of having the whole rural public circularized through the children. A brief circular could present a few salient facts about health work which would enable the ratepayers to vote more intelligently on this matter. Very sketchy notes were taken at the board meetings and therefore the subject could not be presented to the ratepayers in a very convincing manner. However, we do not feel that our effort to organize the rural district has been in vain. We think we have sown seed which will some day bloom into a health unit embracing a large territory contiguous to Nelson.

In the meantime we are carrying on our community work. In February, 1933, Dr. Simmonds was appointed Medical Health Officer and pathologist for our laboratory. Dr. Auld had served as health officer gratuitously for a number of months in order that the salary of the medical health officer might be used as a nucleus for a laboratory.

We were convinced that school nursing was the best phase of work with which

to begin our health program because it affords entry to so many homes. One probably receives a much warmer welcome when calling on a sick person, but bedside nursing does not offer as many opportunities of making contacts and then too there is the danger that bedside care will gradually encroach on the nurses time until she finds herself with very little time left for instructional work. We stressed that point very strongly with the public as we commenced our program.

We have addressed members of the Women's Institute, the I.O.D.E., and the Gyro Club, and have found their cooperation most encouraging. The I.O.D.E. has supplied glasses for a number of children and has raised a milk fund in order to supply milk to over a hundred school children four days a week. The Rotarians have donated money to the milk fund to supply milk to the same number of children for the remaining day each week. Both the Rotary Club and the I.O.D.E. have donated money for cod liver oil. With this treatment the weight improvement in many of the children is most gratifying.

The dentists in Nelson are cooperating to the best of their ability. It was decided at one of their meetings that they would extract teeth without charge for those children recommended by our department. While this does not begin to accomplish what we are aiming at it at least removes foci of infection in many cases.

The Women's Institute is cooperating in finding clothing for children for quite often parents explain the absence of children from school on the score of insufficient clothing.

There are thirteen service clubs in Nelson and at present we are planning a central committee. Each club is to appoint one representative and there will be representatives from the school board and the health department. It is hoped that by concentrated efforts we will be able to achieve greater results in the way of correcting defects during the coming year.

During the summer months we intend to link up prenatal, infant and pre-school work. In the fall we plan to commence Home Nursing classes and Home visiting to tubercular cases.

Our Utopia in Health work at present is a "unit" with a full time health officer, three or four nurses and a full time dentist, working a large area surrounding Nelson. There are times when our goal seems a very distant one - in fact there are times when it almost fades from sight - but we are convinced that by gradually educating the people to the full meaning of Public Health work our Utopia will be realized.

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Nelson.
